

**MAIL TO:**  
Department of Environmental Quality  
Division of Water Quality  
P.O. Box 144870  
Salt Lake City, Utah 84114- 4870

Well Class: \_\_\_\_\_  
Inventory ID No.: \_\_\_\_\_  
Risk Hyd. \_\_\_\_\_ Chem. \_\_\_\_\_  
Date Entered: \_\_/\_\_/\_\_ By \_\_\_\_\_ Salt Lake  
(leave this block blank)

## UTAH UNDERGROUND INJECTION CONTROL PROGRAM INVENTORY INFORMATION

### General Facility And Injection Well Information

**Please provide the information requested below This form is to be submitted by the owner or operator of a facility having one or more injection wells. If you have any questions, call 801-538-6146.**

**This submission does not relieve the applicant of any liability for ground water cleanup or any claim for resource damage if ground water contamination is traced to the injection wells shown on this form.**

1. Facility Information.

- A. Facility Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_
- B. Local Address: \_\_\_\_\_  
\_\_\_\_\_  
(Number & Street, Route, City, Zip Code)
- C. Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
(If Different Than Above; Number & Street, Box and/or Route, City, State, Zip Code)
- D. Facility Location\* \_\_\_\_\_ County: \_\_\_\_\_  
T. \_\_\_\_\_, R. \_\_\_\_\_, Sec. \_\_\_\_\_, \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4,  
Lat. \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "N, Long. \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "W  
\*Note: A topographic map or detailed aerial photograph should be used to locate the facility or well.

2. Well Owner/Operator/Legal Contact Information.

- A. Owner
1. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_
2. Mail Address \_\_\_\_\_  
\_\_\_\_\_  
(Number & Street, Box &/or Route, City, State, Zip Code)
- B. Operator (if different than Owner above)
1. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_
2. Mail Address \_\_\_\_\_  
\_\_\_\_\_  
(Number & Street, Box &/or Route, City, State, Zip Code)
- C. Legal Contact
- Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_
- Title: \_\_\_\_\_
- Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
(Number & Street, Box and/or Route, City, State, Zip Code)
- Organization: \_\_\_\_\_

3. Type of Facility (check one)

☐ Private ☐ Public (State or Local) ☐ Indian ☐ Federal

[ ] Other, please describe: \_\_\_\_\_

4. Injection Well Status (indicate number of wells in the appropriate categories):

[ ] Active

[ ] Temporarily Abandoned

[ ] Proposed

[ ] Permanently Abandoned

[ ] Under Construction/Modification

5. SIC Code(s): \_\_\_\_\_

Enter Principal 3 Digit Code Numbers Used in Census & Other Government Reports

6. Construction Details. Enter requested information for each well noted in 4 above (use additional forms as needed). If all wells use the same construction methods please note. If data is not available enter NAV. If category is not applicable enter NAP. Enter proposed details if wells are not yet constructed. Well diagram may be substituted.

A. Well Identification

No./Name

B. Well Depth

C. Casing Type

For drywells Duracrete etc.

D. Casing Diameter

E. Grout Type

F. Screened Interval

G. Water Elevation

Indicate if Artesian

H. Well Elevation

I. Injection Pressure

7. Initial Date of Injection:

8. Injection Fluid Description:

9. Injection Fluid Source:

10. Annual Volume Injected

(gallons)

11. Comments:

The information below should be provided by the person filling out the form:

NAME & OFFICIAL TITLE (type or print)

PHONE NO. (area code & no.)

SIGNATURE

DATE SIGNED

UICFORM.009